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CONFIRMATION NO. 1916

SERIAL NUMBER 10/057,313	FILING OR 371(c) DATE 01/25/2002 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. MS/2
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APPLICANTS

Michael Schuman, Ft. Myers, FL;

** CONTINUING DATA ****

This appln claims benefit of 60/264,523 01/26/2001

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	3	28	4
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

000049420

TITLE

Device and method for stabilizing wrists and arms

FILING FEE RECEIVED 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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